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CERTIFICATE OF MAILING BY XPRESS MAIL" (37 CFR 1.10)

Applicant(s): ESSENPREIS, Matthias et

Serial No. Filing Date Examiner Group Art Unit

SYSTEM FOR TRANSDERMALLY OBTAINING BODY FLUIDS

10/088,921

I hereby certify that this Supplemental Information Disclosure Statement

March 22, 2002

(Identify type of correspondence)

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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR (b) or 1.97(c)) Docket No. RDID0016US						
In Re Application Of: ESSENPREIS, Matthias, et al.						
Serial No.	Serial No. Filing Date Examiner Group Art L					
10/088,921	March 22, 2002	To Be Assigned	To Be Assigned			
Title: SYSTEM FOR TI	Title: SYSTEM FOR TRANSDERMALLY OBTAINING BODY FLUIDS					
<u> </u>	Δ	ddress to:				
	Assistant Com	nmissioner for Patents yton, D.C. 20231				
	27 C	FR 1.97(b)				
1. ⊠ The Information		herewith is being filed within three	months of the filing			
of a national ap three months of	plication other than a continued the date of entry of the national	prosecution application under 37 stage as set forth in 37 CFR 1.49 tion on the merits, or before the ma	CFR 1.53(d); within 1 in an international			
	filing of a request for continued ex		illing of a first office			
	37 C	FR 1.97(c)	:			
		herewith is being filed after the pe	•			
CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
☐ the statement specified in 37 CFR 1.97(e);						
OR						
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	FINFORMAT N DISCLO	• 1.	Docket No. RDID0016US			
In Re Application:	SSENPREIS, Matthias, et al.	AUG 2 1 2002 5				
Serial No.	Filing Date	Examine TRACEMENT	Group Art Unit			
10/088,921	March 22, 2002	To Be Assigned	To Be Assigned			
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	Payr	ment of Fee				
	(Only complete if Applicant ele	ects to pay the fee set forth in 37 CFR 1.1	7(p))			
(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) ☐ A check in the amount of is attached. ☐ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0877 as described below. A duplicate copy of this sheet is enclosed. ☐ Charge the amount of ☐ Credit any overpayment. ☐ Charge any additional fee required. ☐ Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail Certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F Signature Signature of Person Mailing Certificate Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Certificate Typed or Printed Name of Pers						
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Indianapolis, IN 46250-045 Telephone: (317) 521-7464						
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INFORMATION DISCLOSURE CITATION

not considered. Include copy of this form with next communication to applicant.

(Use several sheets if necessary)

Docket Number (Optional)

RDID0016US

Application Number
10/088,921

Applicant(s)
ESSENPREIS, Matthias

Filing Date

Group Art Unit
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			Docket Number (Optional)	Application Number
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